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CONFIRMATION NO. 8343

<b>SERIAL NUMBER</b> 10/825,457	<b>FILING OR 371(c) DATE</b> 04/14/2004 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1647	<b>ATTORNEY DOCKET NO.</b> 55600-8014.US02
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/552,279 03/10/2004 and is a CIP of 09/910,406 07/19/2001 PAT 6,982,081 which claims benefit of 60/219,128 07/19/2000

10/09/2007 ID

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

JAPAN 317160 10/17/2000

10/09/2007 ID

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 05/28/2004

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 16	<b>TOTAL CLAIMS</b> 11	<b>INDEPENDENT CLAIMS</b> 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after				
Verified and Acknowledged <u>Examiner's Signature</u> <u>1D</u>				

## ADDRESS

22918

## TITLE

Method of treatment using interferon-tau

<b>FILING FEE RECEIVED</b> 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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